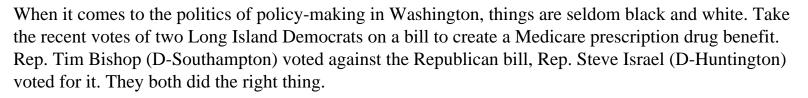
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When 'Yea' and 'Nay' Are Both Right Ways to Vote

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The logic of that apparent contradiction won't fit neatly into sound bites. But both men acted in their constituents' best interest.

Bishop voted against what is, in fact, a bad bill. The coverage it would provide is far too meager and spotty. It does too little to discourage employers from dropping the superior drug coverage many now provide for retirees. And it relies on untested, stand-alone drug coverage from private insurers that, despite big federal subsidies, may not materialize.

After long agonizing before the vote, Bishop, who wants a Medicare drug plan, decided there are too many negatives in the bill. Hospitals in his district would lose money. A state prescription drug program could be undermined. And the House bill's move toward privatizing Medicare could, Bishop worried, also undermine the federal guarantee of health care for the elderly.

Israel also sees the House bill as far from ideal. But with the vote expected to be close and conservatives opposed to big government set to vote no, Republican leaders needed a few Democratic votes. A \$400-billion Medicare expansion is nothing to sneeze at, and there is a chance that the bill will be improved in conference with the Senate. So Israel cut a deal.

He voted for the bill after Republicans in control of the House agreed to include an increase in reimbursements to HMOs to keep them from abandoning the Medicare+Choice program. That would solve a real problem for Suffolk County seniors whose HMOs pulled out of the program. Republicans were going to pass the bill anyway, Israel reasoned, either with his vote and the HMO fix, or without his vote and without the HMO fix.

The bill passed the House 216-215. It will return to the House after conference for a final vote. Stay tuned.

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